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Substitute for form 1449/PTO		Complete if Known				
				Application Number		
INFORMATION DISCLOSURE		Filing Date				
				First Named Inventor	ANNEMARIE H. KOHOLD	
STATEMENT BY APPLICANT				Art Unit		
(Use as many sheets as necessary)			essary)	Examiner Name		
201	1	-f	i	Attorney Docket Number		

			U. S. PATENT	DOCUMENTS	<u>.</u>	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear	
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FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
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